

DENTAL DISCHARGERS ONE-TIME COMPLIANCE REPORT

to Comply with 40 CFR 441.50

Effluent Limitations Guidelines and Standards for the Dental Office Category

This form collects the minimum information dental facilities must submit in a one-time compliance report as required by the Effluent Limitations Guidelines and Standards for the Dental Office Category (“Dental Amalgam Rule”). Some dental facilities are not required to submit a one-time compliance report. See the applicability section of the Rule (§ 441.10) to determine if your facility is required to submit a one-time compliance report. For more information concerning the Dental Amalgam Rule, please see EPA’s website: www.epa.gov/eg/dental-effluent-guidelines.

Email the completed form to DHEC at dentalcompliance@dhec.sc.gov.

Personal information provided on this form is subject to public scrutiny or release.

General Information

Name of Facility					
Physical Address of Dental Facility					
City:		State:		Zip:	
Mailing Address					
City:		State:		Zip:	
Facility Contact					
Phone:		Email:			
Names of Owner(s):					
Names of Operator(s) if different from Owner(s):					

Applicability: Please Select One of the Following

<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441) and it places or removes dental amalgam. <i>Complete sections A, B, C, D, and E</i>
<input type="checkbox"/>	This facility is a dental discharger subject to this rule and (1) it does not place dental amalgam, and (2) it does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances. <i>Complete section E only</i>
(Also, select if applicable) Transfer of Ownership(§441.50(a)(4))	
<input type="checkbox"/>	This facility is a dental discharger subject to this rule (40 CFR Part 441), and it has previously submitted a one-time compliance report. This facility is submitting a new One-Time Compliance Report because of a transfer of ownership as required by §441.50(a)(4) .

Section A

Description of Facility

Total number of chairs:		
Total number of chairs at which amalgam may be present in the resulting wastewater (i.e., chairs where amalgam may be placed or removed):		
Description of any amalgam separator(s) or equivalent device(s) currently operated:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	The facility discharged amalgam process wastewater prior to July 14th, 2017 under any ownership.

Section B

Description of Amalgam Separator Equivalent Device

<input type="checkbox"/>	The dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste at the following number of chairs at which amalgam placement or removal may occur:	<i>Chairs:</i>	
<input type="checkbox"/>	The dental facility installed prior to June 14, 2017 one or more existing amalgam separators that do not meet the requirements of § 441.30(a)(1)(i) and (ii) at the following number of chairs at which amalgam placement or removal may occur: I understand that such separators must be replaced with one or more amalgam separators (or equivalent devices) that meet the requirements of § 441.30(a)(1) or § 441.30(a)(2) , after their useful life has ended, and no later than June 14, 2027, whichever is sooner.	<i>Chairs:</i>	
	Make	Model	Year of installation
<input type="checkbox"/>	My facility operates an equivalent device.		
	Make	Model	Year of installation
			Average removal efficiency of equivalent device, as determined per § 441.30(a)(2)i- iii.

Section C

Design, Operation and Maintenance of Amalgam Separator/Equivalent Device

<input type="checkbox"/>	YES	I certify that the amalgam separator (or equivalent device) is designed and will be operated and maintained to meet the requirements in §441.30 or §441.40 .	
A third-party service provider is under contract with this facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .			
<input type="checkbox"/>	YES	Name of third-party service provider(e.g. Company Name)that maintains the amalgam separator or equivalent device (if applicable):	
<input type="checkbox"/>	NO	If none, provide a description of the practices employed by the facility to ensure proper operation and maintenance in accordance with § 441.30 or § 441.40 .	
<i>Describe practices:</i>			

Section D

Best Management Practices (BMP)Certifications

<input type="checkbox"/>	<p>The above named dental discharger is implementing the following BMPs as specified in § 441.30(b) or § 441.40and will continue to do so.</p> <ul style="list-style-type: none"> • Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to a publicly owned treatment works (e.g., municipal sewage system). • Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to a publicly owned treatment works (e.g., municipal sewage system) must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8(i.e. cleaners that may increase the dissolution of mercury).
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Section E
Certification Statement

Per [§ 441.50\(a\)\(2\)](#), the One-Time Compliance Report must be signed and certified by a responsible corporate officer, a general partner or proprietor (if the dental facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of [§ 403.12\(l\)](#).

“I am a responsible corporate officer, a general partner or proprietor (if the facility is a partnership or sole proprietorship), or a duly authorized representative in accordance with the requirements of § 403.12(l) of the above named dental facility, and certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Authorized Representative Name(<i>print name</i>):			
Phone:		Email:	
<i>Authorized Representative Signature</i>		<i>Date</i>	

Retention Period; per [§ 441.50\(a\)\(5\)](#)

As long as a Dental facility subject to this part is in operation, or until ownership is transferred, the Dental facility or an agent or representative of the dental facility must maintain this One-Time Compliance Report and make it available for inspection in either physical or electronic form.

Instructions for
One-Time Compliance Report for Dental Dischargers
DHEC 4069

This form is for use by dental facilities that are required to submit a one-time compliance report according to the Dental Amalgam Rule.

The dentist or office manager will fill out the form, apply the required signature to certify the report and submit the form to DHEC using the email address dentalcompliance@dhec.sc.gov.

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General Information:

Name of Facility: Name of Dental Office

Physical address of Dental Facility: Street address to include City, State, and Zip code

Mailing address: If different than physical address

Facility Contact: Dentist or office manager, include phone number with area code and email address

Name of Owner(s): Dentist(s) or company name

Name of Operator(s) if different from owner(s): If owned by a dental group or corporation

Applicability: Check the box which applies to dental facility. See [40 CFR Part 441](#)

Box 1: Facility places or removes dental amalgam - must complete entire form

Box 2: Facility does not place/remove dental amalgam (except in limited circumstances) - complete Certification Statement only - found in Section E (page 4 of 4)

Box 3: Transfer of Ownership if facility has previously filed a One-Time Compliance report

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Section A – Description of Facility

Total number of chairs: How many chairs at the facility?

Total number of chairs at which amalgam may be present in the resulting wastewater: Of the facility's chairs, how many chairs will be connected to amalgam separator(s)?

Description of any amalgam separator(s) or equivalent devices currently operated: Provide manufacturer name, type, of separator(s)?

Check appropriate box YES or NO: Did facility discharge amalgam process wastewater prior to July 14th, 2017 under any ownership?

Section B – Description of Amalgam Separator Equivalent Device

Check appropriate box and complete requested information

Box 1: Dental facility has installed one or more ISO 11143 (or ANSI/ADA 108-2009) compliant amalgam separators – include number of chairs where amalgam may be placed or removed.

Box 2: Dental facility installed prior to June 14, 2017 one or more separators that do **not** meet the requirements of ISO 11143 (or ANSI/ADA 108-2009) – include number of chairs where amalgam may be placed or removed.

Provide information on Make, Model and year of installation and acknowledge that the equivalent device must be replaced by June 14, 2027 or sooner if the separator's useful life has expired.

Box 3: Dental facility operates an equivalent device (not defined as an amalgam separator). Provide information on Make, Model, Year of Installation, and average removal efficiency of equivalent device (see 40 CFR 441.30(a)(2)(i – iii) for efficiency determination).

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Section C – Design, Operation, and Maintenance of Amalgam Separator/Equivalent Device

Check appropriate Box

Box 1: "Yes" Certify that amalgam separator or equivalent device to meet requirements of regulation

Boxes 2 and 3 pertain to a 3rd party service provider

Box 2: "Yes" If facility is under contract with a service provider. Include name of service provider.

Box 3: "No" No 3rd party service provider is utilized. Provide a description of the practices used by facility to ensure compliance with regulation (operation and maintenance)

Section D: Best Management Practices (BMP) Certifications

Check box to provide certification of implementing BMPs

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Section E – Certification Statement

Read, sign and date (corporate officer, general partner or proprietor, or authorized representative) and provide name (print), phone number, and email of signee.

Retention:

Covered facility: The facility required to submit this one-time compliance report will retain this form as long as the facility is subject to the Dental Amalgam Rule, or the facility closes, or ownership is transferred. The form may be requested for inspection by DHEC in either hard copy or electronic format.

DHEC: NPDES Pretreatment Staff will review the form when initially submitted and retain the form according to retention schedule 10048.